

**Catch Basin and Outfall
Reconnaissance Inventory/ Collection Field Sheet**

Section 1: Background Data

Subwatershed:		Outfall ID:	Outfall not in inventory: <input type="checkbox"/>
Today's date:		Time (Military):	
Investigators:		Form completed by:	
Temperature:	Rainfall (in.): Last 24 hours: _____ Last 48 hours: _____		
Latitude:	Longitude:	GPS Unit:	Location as mapped: <input type="checkbox"/>
Camera:		Photo #s:	
Land Use in Drainage Area (Check all that apply):			Maintenance Priority:
<input type="checkbox"/> Industrial <input type="checkbox"/> Open Space <input type="checkbox"/> Urban Residential <input type="checkbox"/> Institutional <input type="checkbox"/> Suburban Residential Other: <input type="checkbox"/> Commercial Known Industries:			<input type="checkbox"/> Priority 1 <input type="checkbox"/> Priority 2 <input type="checkbox"/> Priority 3 Notes:
Notes (e.g., origin of outfall, if known):			

Section 2: Outfall Description

Location	Material	Shape		
<input type="checkbox"/> Closed Pipe Diameter/Dimensions:	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other:	<input type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other:	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other:	In water: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete/Paved <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other:	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other:		Depth: Top Width: Bottom Width:
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Skip to Section 5)			
Flow Description	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

Section 3: Quantitative Characterization

Field Data For Flowing Outfalls				
Parameter		Result	Unit	Equipment
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	Stop watch
<input type="checkbox"/> Flow #2	Flow Depth		In	Tape measure
	Flow Width	_____ ' _____"	Ft, In	Tape measure
	Measured length	_____ ' _____"	Ft, In	Tape measure
	Time of travel		Sec	Stop watch

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Section 4: Physical Indicators for Flowing Outfalls Only

 Are Any Physical Indicators Present in the flow? Yes No (If No, Skip to Section 5)

Indicator	Check if Present	Description	Relative Severity Index		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/Sour <input type="checkbox"/> Petroleum/Gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Faint	<input type="checkbox"/> 2 – Easily Detected	<input type="checkbox"/> 3 – Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Faint colors in sample bottle	<input type="checkbox"/> 2 – Clearly visible in sample bottle	<input type="checkbox"/> 3 – Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 – Slight cloudiness	<input type="checkbox"/> 2 – Cloudy	<input type="checkbox"/> 3 – Opaque
Floatables - Does not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Few/slight: origin not obvious	<input type="checkbox"/> 2 – Some; indicators of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 – Some; origin clear (e.g., obvious soil sheen, suds, or floating sanitary materials)

Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

 Are physical indicators that are not related to flow present? Yes No

Indicator	Check if Present	Description	Comments
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited <input type="checkbox"/> Invasive Species	
Poor Pool Quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other	
Pipe Benthic Growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	
Animal Life	<input type="checkbox"/>	<input type="checkbox"/> None/ little presence <input type="checkbox"/> Average presence <input type="checkbox"/> High presence	

Section 6: Overall Outfall Characterization
 Unlikely Potential (presence of two or more indicators) Suspect (one or more indicators with a severity of 3) Obvious

Section 7: Field Tests

Test	Calibration Date And LOT#	Data
Ammonia		ppm
Chlorine		mg/L
Conductivity		μS/cm
Salinity		ppt
pH		

Test	Calibration Date And LOT#	Data
Temperature		°F
Nitrate		ppm
Nitrite		ppm
D.O.		mg/L

Section 8: Data Collection

Sample for the lab? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, collected from: <input type="checkbox"/> Flow <input type="checkbox"/> Pool
If yes: Chain of Custody Number: <input type="checkbox"/> Surfactants _____ <input type="checkbox"/> Aluminum _____ <input type="checkbox"/> Iron _____ <input type="checkbox"/> Phosphorous _____ <input type="checkbox"/> E. Coli _____

Section 9: Non-Illicit Discharge Concerns (eg. trash, repairs needed)

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Notes:

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